Disclosure Re	port Cover				Amendment Yes No
0	neral report and committee	information, must be	e signed and su	bmitted along with	other detailed forms.
	to update information				
1. Committee Infor	mation				
a. Full Name	10A				c, ID Number
Friends of Chris Re	y				
	ude City, State and Zip Code)				d. Date Filed
PO Box 1111	200				
Spring Lake, NC 28	390				e. Phone Number
					910-644-7373
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	II Name
2015	1/1/2015	7/3	31/2015	Chris Rey	
6. Type of Committ	ee (Check One)	9. Type of Repor	t (check or	nly one type of repo	rt from one category)
Candidate Campa		Municipal		County	Referendum
☐ PAC	Referendum	Organization	al 🔲	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum
Legal Expense Ft		1-			
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final Supplemental Final
"Booster Fund" Building Fund		Pre-election Pre-runoff		Second Third	Annual
		Semi-annual	IH	Fourth	Special
		Mid Yea	ır 🗀	Semi-annual	
Other:		Year En	d 🔲	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special Special		Final	
	0			Special	
11. Account Inform	SCHOOL SHEET STATE OF THE STATE			Information	拉着的主义的现在分词的对比较多是被自由的
a. Financial Institution I	full Name		a. Financial Ins	stitution Full Name	
BB&T	c. Account Code		b. Purpose		c. Account Code
b. Purpose For all	C. Account Code		b. I di post		CARCOUNT COUR
campaign					
expenses	d. Period Begin Balanc	e			d. Period Begin Balance
**	\$ 5,957.03				S
CERTIFICATION					
I certify that the Con	nmittee or Fund is in compl	iance with all applic	able provisions	of Article 22A, 22F	3, & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	ommingled with pro	hibited drother	Jon-disclosed fund	s. I further certify that this report
1,80	correct and that I have bee	n trained by the NC	State Board of	Elections.	- plantage
Chris V. Re	Y Printed Name of Signer	—— _ ,	Signature of Appoir	nted Treasurer	Date Date
FOR OFFICE USE O			rgilature of Appoil	ited Treasurer	y
	IVD1	Paralesses.			Delivery Method
Date Received:		Employee:			Normal Mail
Date Postmarked	l:	Employee:	-		Registered Mail Hand Delivered
D-4-6		Paralares			☐ Electronically Filed
Date Scanned:		Employee:			Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Please Note: This	s form cannot be used to an	nend committee info	rmation such as	s the committee add	ress, treasurer, assistant treasurer,

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. Ty	pe of Report	医器性遗传数据	3. ID Number
Friends of Chris Rey Sem	i Annual		
Start of Election Cycle: January 1,	015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,957.03	\$ 3995.34
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5,951.76	\$ 49788. 44
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			•
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	and He)	\$	\$ 49788.44
EXPENDITURES			
13) Disbursements			A 1115B: 20
13a) Operating Expenditures	(CRO-1310)	\$ 3,086.28	\$ 44536. <u>27</u> \$ 425.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a	and 17)	\$ 3,086.28	\$ 44961.27
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract l	ine 18)	\$ 8822.51	\$ 8822.51
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

. Comn	nittee Full Name (and Fund if applicab	le)	or contributions und		2. ID Nu	mber	
	of Chris Rey							
	ributor Informatio		\boxtimes	Add Rei	move			Quital 8
	me, Mailing Address &			b. Job Title/Profession	ULTER JOHN DESCRIPTION	d. Commer	ıts	
	e city, state, & zip)	Thoma		Consultant				
Ado Ellz						_		
	oward Drive			c. Employer's Name/Sp	pecific Field			
Atlanta,	GA, 30337			HP		e. Election	Sum to Date	
						\$	35.00	
. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	-
	g	Online			5/28/2	2015	\$	35.00
		Omme				1	\$	
							\$	
П							\$	
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	ributor Informatio			b. Job Title/Profession	MARK SHARING COMMISSION	d. Comme	nts	
	ame, Mailing Address &	& Phone		Attorney				
Allen Ro	e city, state, & zip)							
	son Street			c. Employer's Name/S	specific Field			
	ville, NC 28301			Rogers Law Firm			C 4 D 4	
						e. Election	Sum to Date	
						\$	300.00	
	1 1 1 1 1 1 1 1 1	h, Form of Payment	i In-	Kind Description	j. Date (mm/dd/	/уууу)	k. Amount	
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	ributor Informati	on			emove		\$ \$	
3. Cont	ributor Informati	on		b. Job Title/Profession	emove n	d. Comme	\$ \$	
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3. Cont a. Full Na (includ	ributor Information ame, Mailing Address of the city, state, & zip)	on		b. Job Title/Profession Business Analyst	emove n		\$ \$	
3. Cont a. Full Na (includ Allisha 4661 Bu	ributor Information and Address of the city, state, & zip) Conner uckskin Trl	on		b. Job Title/Profession	emove n Specific Field	d. Commo	\$ \$	
3. Cont a. Full Na (includ Allisha 4661 Bu	ributor Information ame, Mailing Address of the city, state, & zip)	on		b. Job Title/Profession Business Analyst c. Employer's Name/S	emove n Specific Field	d. Commo	\$ \$	
3. Cont a. Full Na (includ Allisha 4661 Bu	ributor Information and Address of the city, state, & zip) Conner uckskin Trl	on		b. Job Title/Profession Business Analyst c. Employer's Name/S	emove n Specific Field	d. Commo	\$ \$	
3. Cont a. Full Na (includ Allisha 4661 Bu	ributor Informations, Mailing Address of the city, state, & zip) Conner uckskin Trl nati, OH 45245	on & Phone		b. Job Title/Profession Business Analyst c. Employer's Name/S Tata Consultancy	emove n Specific Field	e. Election	\$ \$ sents	
3. Cont a. Full Na (includ Allisha 4661 Bu	ributor Information and Address of the city, state, & zip) Conner uckskin Trl	on & Phone h. Form of Payment		b. Job Title/Profession Business Analyst c. Employer's Name/S	specific Field j. Date (mm/dd	d. Commo	\$ sents	20.0
3. Cont a. Full Na (includ Allisha 4661 Bu	ributor Informations, Mailing Address of the city, state, & zip) Conner uckskin Trl nati, OH 45245	on & Phone		b. Job Title/Profession Business Analyst c. Employer's Name/S Tata Consultancy	specific Field j. Date (mm/dd	e. Election	s s sents Sum to Date 20.00 k. Amount \$	20.0
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Amendment □ Ves ⊠

Contri	butions fron	n Individuals	0.50	Pg	2 of	<u>17_</u>	used res	No.
Use this fo	orm to report indiv	vidual contributions o	ver \$50	or contributions und	er 550 II Ioiiii CR	2. ID Nun	her	
1. Comm	ittee Full Name (and Fund if applicab	le)		MARK SALICK DESIREMENT	Z. ID IVIII	ibei	Mirror Association
Friends of	Chris Rey							NAME OF STREET
3. Contri	butor Informatio	n		THE PROPERTY OF THE PROPERTY O	move			
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Title/Profession		d. Commen	IS	
	city, state, & zip)			Attorney				
Allison C				c. Employer's Name/S	necific Field			
	ut Hill Drive y, NY 11771			Garvey Schubert E				
Oyster Ba	ly, N 1 11//1					e. Election S	Sum to Date	
						\$	35.00	1,000
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Andre Du	city, state, & zip)			- Management con	g			
	lerson Estates Cou	ırt		e. Employer's Name/S	specific Field			
	GA 30064			Daugherty Busine	ess Solutions			
Traction,						e. Election	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
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0.000	city, state, & zip)			President				
Andre Lo						_		
444 2 nd A	venue			c. Employer's Name/S				
New Yor	k, NY 10010			CPR Managemen	t Group, Inc	e. Election	Sum to Date	
						\$	140.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	g. Actount cour	Online			7/25/	2015	\$	140.00
							\$	
							\$	
1 Tota	l only this Pag	re				\$		275.00
5. Tota	l of ALL CRO)-1210 Pages				\$		5,951.76
(This lin	ne must be on line 6 o	f Detailed Summary Page	CRO-110	10)				April 2007

se this fo	orm to report mary	nd Fund if applicab	le)	or contributions unde		2. ID Nui	nber	
		nd Fund if applicab	,					
iends of	Chris Rey					HEZALBIROUN		
Contril	butor Information		\boxtimes	Tide L	nove	1 Common	te	
	e, Mailing Address &			b. Job Title/Profession		d. Commen	113	-
	city, state, & zip)			Homemaker				
nna Finc				c. Employer's Name/Sp	acific Field	-		
Skye PL	: 			Homemaker	teme i teta	1		
ayettevil	lle, NC 28303			Homemaker		e. Election	Sum to Date	
						\$	100.00	
		h. Form of Payment	i. In-l	ind Description	j. Date (mm/dd/y	уууу)	k. Amount	
Prior	g. Account Code	Check	1. 111-1	and Drottypy	1/29/2	2015	\$	100.00
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u jaga,	I t To Commette	wantaning 2 garding	X	Add Re	move			
	ibutor Informatio ne, Mailing Address &			b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)	CTHOIC		Analyst				
	Norman				Control Control of			
	gamot Court			c. Employer's Name/S		_		
				Local Governmen	t FCU	o Flection	Sum to Date	
	NC 27614			Local Governmen	t FCU		Sum to Date	
				Local Governmen	t FCU	e. Election	Sum to Date 25.00	
Raleigh,	NC 27614	h Form of Payment	i, In-		j. Date (mm/dd	\$		1
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Raleigh,	NC 27614	h. Form of Payment Online	i, In-		j. Date (mm/dd	\$ /yyyy)	25.00 k. Amount	25.00
Raleigh,	NC 27614		i. In-		j. Date (mm/dd	\$ /yyyy)	25.00 k. Amount \$	
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. Prior	g. Account Code ributor Informatione, Mailing Address e city, state, & zip) Roseboro	Online	3	Add Rob. Job Title/Profession Operations Direct	j. Date (mm/dd 2/06/	\$ /yyyy) /2015	25.00 k. Amount \$ \$ \$	
Ashley Fast 49 Eas	g. Account Code ributor Informatione, Mailing Address e city, state, & zip) Roseboro astborune Drive	Online	3	Kind Description Add Ro	j. Date (mm/dd 2/06/ emove n tor	\$ /yyyy) /2015	25.00 k. Amount \$ \$ \$ \$ \$ \$ \$ \$ \$	
7. Prior D 3. Contr a. Full Na (include Ashley F 2549 Ea	g. Account Code ributor Informatione, Mailing Address e city, state, & zip) Roseboro	Online	3	Add Rob. Job Title/Professio Operations Directors. c. Employer's Name/	j. Date (mm/dd 2/06/ emove n tor	\$ /yyyy) /2015	25.00 k. Amount \$ \$ \$	
7. Prior D 3. Contr a. Full Na (include Ashley F 2549 Ea	g. Account Code ributor Informatione, Mailing Address e city, state, & zip) Roseboro astborune Drive	Online	3	Add Rob. Job Title/Professio Operations Directors. c. Employer's Name/	j. Date (mm/dd 2/06/ emove n tor	\$ /yyyy) /2015	25.00 k. Amount \$ \$ \$ sents	25.00
3. Contra (include Ashley Fast Woodbr	g. Account Code ributor Informatione, Mailing Address e city, state, & zip) Roseboro estborune Drive ridge, VA 22191	Online on & Phone	■	Add Rob. Job Title/Professio Operations Directors. c. Employer's Name/	j. Date (mm/dd 2/06/ emove n tor	d. Comm	25.00 k. Amount \$ \$ \$ sents	25.00
7. Prior D 3. Contr a. Full Na (include Ashley F 2549 Ea	g. Account Code ributor Informatione, Mailing Address e city, state, & zip) Roseboro astborune Drive	Online	■	Add Rob. Job Title/Professio Operations Direct c. Employer's Name/ The Bonner Grou	j. Date (mm/dd 2/06/ emove n tor Specific Field	d. Comm	25.00 k. Amount \$ \$ \$ sents	25.00
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Amendment

Contri	ibutions from	n Individuals vidual contributions o	over \$50	Pg) or contributions und	_4 o er \$50 if form Cl			⊠ No
1 Comm	ittee Full Name (and Fund if applical	ble)			2. ID Nu	ımber	
	f Chris Rey	and rule it apprecia						
3 Contri	butor Informatic	on	\boxtimes	Add Rei	nove			
Control of the Contro	ie, Mailing Address &			b. Job Title/Profession		d. Comme	ents	
	city, state, & zip)			independent Busin	ess Owner			
Benjamin						_		
708 Regg				e. Employer's Name/Sp		4		
	ake, NC 28390			ACN Opportunity,	LLC		0 1 D.1.	
						e. Election	Sum to Date	
						\$	20.00	
6 Dolan	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
f. Prior	g. Account Code	Online		•	1/30/2		\$	20.00
		3200					\$	
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	o marin a production of the con-	zo yolsandeanneanneanni faronna		ALL EL Do	W 01/2			
PERMITTED STREET	ibutor Informatio			L. P. Sationic activity in Law and Recording - 1922	move	d. Commo	onts	180 4 140
	ne, Mailing Address	& Phone		b. Job Title/Profession Homemaker		u, comm	1113	
	city, state, & zip)			- Homemaker				
Betty Ale				c. Employer's Name/S	pecific Field			
2000 S 1888	Aain Street Salem, NC			Homemaker	•			
Willston	Salem, NC					e. Election	n Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
		Check			4/10/	2015	\$	50.00
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3 Contr	 ibutor Informati	on		Add Re	move			
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	city, state, & zip)	W 5		Retired				
	/ashington							
PO Box				c. Employer's Name/S	pecific Field			
	ille, NC 28302			U.S Army				
						e. Electio	n Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amount	
		Check			1/16/	2015	\$	150.00
							S	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5,951.76

220.00

\$

\$

\$

Amendment

Contributions from Individuals	Pg	_5	of	17_		Yes	\boxtimes	No
Continuent		000 10 Cam	CDC	1205 ic m	ot used			
Use this form to report individual contributions over \$50 or contribution	ns under	. 220 II IOL	m CKC	1203 18 110	ot tiseu			
OSC tills form to report marriage				THE RESERVE OF THE PARTY OF THE	250			

	ittee Full Name (and Fund if applical	ole)			2. ID Num	ber	
		and I and a approximation		Dody Street				
Friends of	Chris Rey							
3. Contril	butor Informatio	on			move			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
(include o	city, state, & zip)			Software Develope	er			
Cara-Lyni					te ruli			
	emont Woods Dr	ive		c. Employer's Name/S	pecific Picia			
Alexandri	a, VA 22309			Excentium		e. Election S	um to Date	
						\$	50.00	
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	g	Online			1/21/20)15	\$	25.00
		Online			1/31/2	015	\$	25.00
							\$	
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	e, Mailing Address			b. Job Title/Profession	CANAL DAL AND DESIGNATION OF THE SECOND	d. Comment	ts	
	city, state, & zip)	C I none		Officer				
Carl Mose								
	nental Drive			c. Employer's Name/S	specific Field			
1.000	NC 28326			U.S. Army				
Cumrent						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
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	ne, Mailing Address			b. Job Title/Profession	n	d. Commen	ts	
	city, state, & zip)	& I hone		Analyst				
Charlene								
2024/00/00/19 12/20/20/20/20/20	laski Road			c. Employer's Name/S	Specific Field			
	ine, MD 20613			Federal Governm	ent		0 D .	
						e. Election	Sum to Date	
						\$	60.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Online			1/19/2	015	\$	20.16
		Online			2/20/2	2015	\$	20.16
		Online			3/20/	2015	\$	20.16
4. Tota	l only this Pag	ge				\$	*	210.48
5. Tota	l of ALL CRO	D-1210 Pages	ana :	201		\$		5,951.76
(This lin	e must be on line 6 o	f Detailed Summary Page	CKU-III	NC State Board of Flec	tions			April 2007

Amendment \boxtimes 17 of

No Contributions from Individuals Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) Friends of Chris Rey Remove \boxtimes Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Behavior Technician (include city, state, & zip) Charlene Epps c. Employer's Name/Specific Field 6 Baltic Circle Carolina Center for ABA Fort Bragg, NC 28307 e. Election Sum to Date 50.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 50.00 \$ 2/13/2015 Online \$ \$ Remove X Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Management Analyst (include city, state, & zip) Charles Conyers c. Employer's Name/Specific Field 4226 Round Hill Drive US Office of Personnel Mgmt Chesterfield, VA 23832 e. Election Sum to Date 100.00 \$ k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 100.00 \$ 1/14/2015 Online \$ \$ Remove X Add 3. Contributor Information d. Comments b. Job Title/Profession a, Full Name, Mailing Address & Phone Attorney (include city, state, & zip) Charles Hagan c. Employer's Name/Specific Field 305 Meadowbrook Ter Services-Law Firm e. Election Sum to Date Greensboro, NC 27408 100.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 100.00 \$ 3/25/2015 Check \$ \$ 250.00 \$ 4. Total only this Page 5,951.76 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) Friends of Chris Rey Remove \boxtimes Add 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone Student (include city, state, & zip) Deandrea Newsome e. Employer's Name/Specific Field 505 Dunblane Way unemployed Fayetteville, NC 28311 e. Election Sum to Date 10.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 10.00 \$ 3/31/2015 Online \$ \$ Remove X Add 3. Contributor Information d. Comments b. Job Title/Profession a, Full Name, Mailing Address & Phone Homemaker (include city, state, & zip) Deatrice Muckle c. Employer's Name/Specific Field 790 Rowaway Ave. Apt. 2D Homemaker e. Election Sum to Date Valley Stream, NY 11581 25.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 25.00 \$ 2/7/2015 Check \$ \$ Remove Add M 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone CEO (include city, state, & zip) Deborah Teasley c. Employer's Name/Specific Field 2812 Selhurst Drive Southeastern Regional Area e. Election Sum to Date Fayetteville, NC 28306 Health Center 50.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment g. Account Code f. Prior 50.00 \$ 2/26/2015 Online \$ \$ 85.00 \$ 4. Total only this Page 5,951.76 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100)

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X

h. Form of Payment

Online

3. Contributor Information

(include city, state, & zip)

Fayetteville, NC 28303

Dennis Royal

f. Prior

a. Full Name, Mailing Address & Phone

532 N. McPherson Church Road

g. Account Code

Add

Dentist

i. In-Kind Description

b. Job Title/Profession

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Royal Chiropractic Center

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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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iends of	Chris Rey								
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ilson, N	C 27894			Kettled			e. Election S	Sum to Date	
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PO Box 2	Ile, NC 28302			National Associati				
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-	city, state, & zip)			Pharmacist				
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newton,	PA 18940			Cantor Fitzgerald		e. Election	Sum to Date	
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	uis, MO 63113		SCD	Investment, LLC		e. Election	Sum to Date	
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursements

Pg	1

of 3

Amendment Yes

No

 \boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun	id if applicable)			2. ID Number	
Friends of Chr	the state of the s					
3. Type of Dish			CRO-1310 forms for each			
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	ling Address & Phone		b. Coordinated Committee	Name	d. Comments	
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1101 15 th St., N			c. Level Registered (Specify))		
Washington, D	C 20005		Federal County:			
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4 D 7 C				Damana	Software	
4. Payee Inform			Add Remove b. Coordinated Committee Name		d, Comments	
	ing Address & Phone		b. Coordinated Committee 1	vaine	u, comments	
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1101 15 th St., N			c. Level Registered (Specify)		-	
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A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate	
E - Salaries	F* - Equipment				g Public Office Expenses	
I - Postage	J - Penalties		ce Expenses	•		
O* - Other	Salah managan dan Kalaman dan Karaman dan salah dan sa		WOO ANO DE SKOVEN SERVA SENSE EN LA LEI HELLE EN LE LEI LE LEI LE LEI			
* Codes requir	e detailed explanati	ion in required r	emarks field (k)			

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\mathbf{D}_{10}	υu	1 20111	CIIIO

2 of

Amendment
Ves

No

 \boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fur	id if applicable)			2. ID Number
Friends of Chr					
3. Type of Dist			CRO-1310 forms for each		
Operating			indidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform		\boxtimes	Add	Remove	州西省港州省市政府,对北京市的中国市大学,
	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state					
Direct Connect					_
3901 Centervie			c. Level Registered (Specify)		
Chantilly, VA	20151		Federal _	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 259.46
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
	Debit Card	С	1/2/2015	\$68.42	Credit Card
	Debit Card	C	1/2/2013	\$00.42	Process Fee
	Debit Card	С	2/2/2015	\$191.04	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,					
NGP VAN, Inc					
1101 15th St., ?	NW Ste 500		c. Level Registered (Specify)		
Washington, D			Federal	County:	7
Ü			e. Election Sum to Date		
					1
					\$ 320.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	С	7/2/2015	\$320.00	Fundrasing
	Debit Card	<u> </u>	11212013	\$320.00	Software
				\$	
4. Payee Inforn	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Direct Connect	ш гіру				
3901 Centervie	w Dr		c. Level Registered (Specify)		1
Chantilly, VA 2			Federal	County:	-
Chanting, Tre 2	.0131		State	Municipality:	e. Election Sum to Date
					The Author State of the Control of t
					\$ 223.29
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	С	3/2/2015	\$165.26	Credit Card
				N/A 128 R 108	Process Fee
	Debit Card	С	4/2/2015	\$58.13	Credit Card Process Fee
5. Total only th	is Page				\$ 802.85
	CRO-1310 Pages				002.03
	line 13a of Detailed Sun	ımarv Page CRO-110	0 if Operating Expenses)		
			o if Contrib to Candidates/Politic	cal Comm)	\$ 3,086.28
		70) if Coordinated Party Expenditu		
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	her Candidate
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses
I - Postage	J - Penalties		e Expenses		on to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanati	on in required re	emarks field (k)		

Disbursements

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fu	nd if applicable)			2. ID Number
Friends of Chr			CRO 1110 A		
3. Type of Dist		ase use separate	CRO-1310 forms for each	type of Disburs	
4. Payee Inform		Contributions to C	andidates/Political Committees		Coordinated Party Expenditures
	ling Address & Phone		Add	Remove	
(include city, state,			b. Coordinated Committee	Name	d. Comments
Direct Connect			_		
3901 Centervie			c. Level Registered (Specify	Λ	
Chantilly, VA			Federal	_	
3. € 3.€3			State	e. Election Sum to Date	
				Municipality:	e. Election Sum to Date
					\$ 93.77
f. Account Code	g. Form of Payment h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Dobit Coul				Credit Card
	Debit Card	С	5/4/2015	\$47.84	Process Fee
	Debit Card		6/1/2016	014.00	Credit Card
	Debit Card	С	6/1/2015	\$45.93	Process Fee
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,	& zip)				
Worth Printing	200				
Fayetteville, NO	3		c. Level Registered (Specify)		
			Federal County:		
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 254.66
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Debit Card	В	1/16/2015	\$254.66	Envelopes
			1710/2015	\$234.00	
				\$	
I. Payee Inform	24122				
	PRODUCTION OF THE PROPERTY OF		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
nclude city, state, d	& zip)				
			c. Level Registered (Specify)		
			Federal		
			☐ State	Municipality:	e. Election Sum to Date
					\$ 15.00
Account Code	g Form of Bouncard	h. Purpose Code		Т	8
Account Code	g. Form of Payment	n. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Cash	O	7/15/2015	\$15.00	Filing Fee
			630 COMMON TOWNS TO SERVICE OF THE S	7.2.00	
				\$	
Total only 41-1	Dage				
Total only this	CRO-1310 Pages				\$ 363.43
		Bon Cho Hou			
(This line goes in the	ine 13a of Detailed Sum ine 13b of Detailed Sum	mary Page CRO-1100) if Operating Expenses)) if Contrib to Candidates/Politic		\$ 3,086.28
(This line goes in h	ine 130 of Detailed SUM	mary Page CKO-1100) if Contrib to Candidates/Politic) if Coordinated Party Expenditu	rat Comm)	, , , , , , , , , , , , , , , , , , , ,
				res)	
. rurpose Code: .* - Media	s (List detailed exp B* - Printing	enditure code in (C* - Fund		P. T.	0 111
- Salaries	F* - Equipment	G - Politica			
- Postage	J - Penalties	K* - Office			g Public Office Expenses on to Legal Expense Fund
* - Other			(• a	Q - Dunatio	m to begai expense rung
Codes require	detailed explanation	on in required re	marks field (k)		